

HEALTH APPLICATION FRAUD REFERRAL FORM

OIFP-3B (01/01)



State of New Jersey
Office of Insurance Fraud Prosecutor
P.O. Box 094
Trenton, NJ 08625

For OIFP use only:

OIFP Case # _____/_____/_____

Intake # _____

Investigator _____

PART I

INSURANCE CO. _____

ADDRESS _____

TELEPHONE _____

CONTACT PERSON _____

E-MAIL ADDRESS _____

DATE REPORTED _____

NAIC COMPANY # _____

DATE OF APPLICATION _____

P O L I C Y

TYPE OF COVERAGE (Check appropriate box)

HEALTH (INDEMNITY) ☐ HEALTH (MEDICAID) ☐

HEALTH (HMO) ☐ DENTAL ☐

OTHER _____

STATUS (Indicate as appropriate)

PREMIUM ADJUSTED _____

AMOUNT \$ _____

APPLICATION DECLINED _____

NON-RENEWAL _____

CANCELED _____

INSURED/SUBJECT/PROVIDER (CIRCLE)

LAST _____ FIRST _____ MIDDLE _____

STREET _____ CITY _____ STATE-ZIP _____

HOME PH. _____ WORK PH. _____ D.O.B. _____

S.S. # _____ D.L.# _____

BUSINESS NAME _____ TIN # _____

PRODUCER (IF APPLICABLE): AGENCY NAME _____

PRODUCER NAME: LAST _____ FIRST _____ MI _____

ADDRESS: STREET _____ CITY _____ STATE/ZIP _____

WORK PH. _____ LICENSE # _____

PART II

PROVISION(S) OF N.J.S.A. 17:331-4 RELATING TO APPLICATIONS THAT MAY HAVE BEEN VIOLATED:
(CHECK APPROPRIATE BOX)

- ☐ **a(5) - conceals relevant evidence of application fraud:** CONCEALS OR KNOWINGLY FAILS TO DISCLOSE ANY EVIDENCE, WHICH MAY BE RELEVANT TO A FINDING THAT A VIOLATION OF N.J.S.A. 17:33A-4A(4) HAS OCCURRED. N.J.S.A. 17:33A-4A(5)
- ☐ **a(5)(b) - conspires with another:** KNOWINGLY ASSISTS, CONSPIRES WITH, OR URGES A PERSON TO VIOLATE ANY PROVISION OF THIS ACT. N.J.S.A. 17:33A-4B. (SPECIFY WHICH PROVISION(S) OF THE ACT WERE VIOLATED _____).

January 2001

PART III

1. INDICATE THE PARTICULAR FACTS AND CIRCUMSTANCES, INCLUDING WHAT THE APPLICANT DID AND FRAUD INDICATORS, WHICH LED YOU TO SUSPECT THAT THE ACT WAS VIOLATED, AS CHECKED ABOVE.
(MERELY STATING "SEE ATTACHED" FILE OR DOCUMENTS IS NOT ACCEPTABLE WITHOUT SPECIFIC DESIGNATION OF PAGE AND LINE, BUT EXTRA SHEETS MAY BE USED TO MORE COMPLETELY EXPLAIN.)*

2. LIST ALL FALSE OR MISLEADING STATEMENTS MADE TO THE INSURANCE CARRIER, OR INFORMATION OMITTED, AND INDICATE ON WHICH DOCUMENTS EACH STATEMENT OR OMISSION IS MADE:
(FOR EXAMPLE, THE APPLICATION AND ANY DOCUMENT SUBMITTED IN SUPPORT OF THE APPLICATION)*

3. INDICATE THE EVIDENCE WHICH CORROBORATES THE SUSPICIOUS FACTS AND CIRCUMSTANCES INDICATED IN PARAGRAPH 1. ABOVE.*

4. SPECIFY ANY EVIDENCE WHICH WOULD TEND TO INDICATE THAT A LICENSED INSURANCE PRODUCER (AGENT) OF INSURANCE AGENCY EMPLOYEE KNOWINGLY PARTICIPATED IN THE APPLICATION FRAUD. PROVIDE THE NAME AND ADDRESS OF THIS PERSON.*

* For each document listed in support of the allegation of fraud, please attach an exact copy or the original. In addition as to all documents attached to this form, please complete the attached Certification of Custodian of Records.

CERTIFICATION OF CUSTODIAN OF RECORDS

I certify that the records identified herein are originals or exact copies of the records made by a person with actual knowledge in the regular course of business at the time the activity took place. If additional records later become known or available, I shall promptly provide them to the Office of Insurance Fraud Prosecutor. I certify that the foregoing statements by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(List each document in this space or reference a separate attached listing)

Custodian of Records
(Full Name and Title)

Dated: